

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 58 9833

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	2					
12	2					
13	1					
14	2					
15	2					
16	1					
17	2					
18	1					
19	2					
20	1					
21						
22						
23	1					
24	1					
25	1					
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36	1					
37	1					
38	1					
39	1					
40						
41	1					
42	1					
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	48	←		←	←	
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						